Form

North Dakota Office of State Tax Commissioner



ND-1 Individual income tax return 2002

Your social security number Spouse's social security number	box. Fill in circles completely.
	Fill in only if applicable: Amended
Your name (First, MI, Last name)	(See page 9)
If joint return, spouse's name (First, MI, Last name)	Fiscal year filer ONLY: (See page 9) Enter fiscal year beginning date
Mailing address	
City State Zip code	Month Day Year Enter fiscal year ending date
A. Filing status used ○ 1. Single ○ 4. Head of household on federal return: ○ 2. Married filing joint return ○ 5. Qualifying widow(er) with	Month Day Year
(Fill in only one) 3. Married filing separate return: dependent child	► Were you required to pay O Yes
Spouse's name	estimated federal income tax for 2002? (See page 9) O No
B. Residency status: O 1. Full-year resident (Fill in only one) O 2. Full-year nonresident (See page 17) C. School district code (See page 17) (See page 9)	Dept. use only: Composite return (CF)
O 3. Part-year resident	
E. Federal adjusted gross income from line 35 of Form 1040, line 21 of Form 1040A, line 4 of Form 1040EZ, or line I of TeleFile Tax Record(sx)	US Dollars —
1. Federal taxable income from line 41 of Form 1040, line 27 of Form 1040A, line 6 of Form 1040EZ, or line K of TeleFile Tax Record (If zero, see page 9 of instructions) (SS) 1	, , , , ,
Additions	1 ——
2. Lump-sum distribution from Federal Form 4972(NA) 2]-[]
3. Loss from pass-through entity subject to North Dakota's financial institution tax (Attach statement from entity) (NB) 3]
4. Total additions. Add lines 2 and 3	
5. Add lines 1 and 4	, , , ,
Subtractions	
6. Interest from U.S. obligations (Attach supporting statement) (SN) 6,	
7. Net long-term capital gain exclusion (From worksheet on page 10 of instructions) (NC) 7	
8. Exempt income of a Native American (\$4) 8	
9. Benefits received from U.S. Railroad Retirement Board (Attach copy of Form RRB-1099/RRB-1099-R, or both) (\$55) 9	
O. Income from pass-through entity subject to North Dakota's financial institution tax (Attach statement from entity) (S6) 10	
1. Renaissance zone income exemption (Attach Schedule RZ)(\$7) 11 , , , , , , , , , , , , , , , , , ,	
2. Total subtractions. Add lines 6 through 1112	, , , , , , , , , , , , , , , , , , , ,
3. North Dakota taxable income. Subtract line 12 from line 5. If less than zero, enter 0 (ND) 13	,
4. Tax: • If full-year resident, enter amount from Tax Table on page 18 of instructions. If you have farm income, see page 11 of instructions. (SB) 14	, , , ,
• If part-year resident or full-year nonresident, enter amount from Schedule ND-1NR, line 22	Internet

www.ndtax department.com

North Dakota Office of State Tax Commissioner 2002 Form ND-1, page 2	US Dollars
15. Enter your tax from line 14 of page 1	, , , , , , , , , , , , , , , , , , , ,
Credits 16. Credit for income tax paid to another state (Attach Schedule ND-1CR)(SD) 16 , , , , , , , , , , , , , , , , , ,	
17. Family member care credit (Attach Schedule FC)(\$2) 17,	
 18. Renaissance zone credit (Attach Schedule RZ)	
 20. Credit for unused federal credit for prior year minimum tax (From worksheet on page 11 of instructions)(NF) 20 21. Qualified business seed capital investment credit (Attach investment reporting form)(NG) 21 	
22. Net tax liability. Subtract lines 16 through 21 from line 15. If less than zero, enter 0(SE) 25	
Withholding and/or tax already paid	
23. North Dakota withholding (Attach supporting W-2s and 1099s) (SF) 23,	
24. Estimated tax paid plus overpayment applied from 2001 return_ (s&) 24	
• If line 25 is MORE than line 22, complete lines 26 through 30. • If line 25 is LESS than line 22, complete lines 31 through 34.	5
Refund 26. Overpayment - If line 25 is MORE than line 22, subtract line 22 from line 25 and enter result; otherwise, go to line 31. If result is less than \$5.00, enter 0	6 , , , , , , , , , , , , , , , , , , ,
27. Amount of line 26 that you want applied to your 2003 estimated tax(SQ) 27,	
28. Amount of line 26 that you wish to contribute to the Watchable Wildlife Fund (SP) 28 , , , , , , , , , , , , , , , , , ,	
29. Amount of line 26 that you wish to contribute to the Trees For ND Program Trust Fund(sw) 29 , , , , , , , , , , , , , , , , , ,	
30. Refund. Subtract lines 27 through 29 from line 26. If result is less than \$5.00, enter 0 (SR) 30	
To direct deposit your refund, complete items a, b, and c. (See page 12.)	c. Type of account: O Checking
b. Account number:	O Savings
Tax Due 31. Tax due - If line 25 is LESS than line 22, subtract line 25 from line 22 and enter result. If result is less than \$5.00, enter 0	1
32 . Amount that you wish to contribute to the Watchable Wildlife Fund (but only if there is a tax due on line 31) (SU) 32 , , , , , , , , , , , , , , , , , ,	
33. Amount that you wish to contribute to the Trees For ND Program Trust Fund (but only if there is a tax due on line 31) (SY) 33 ,	
34. Balance due . Add lines 31, 32, 33, and, if applicable, line 35. Pay to: North Dakota State Tax Commissioner	4 , , , , , , , , , , , , , , , , , , ,
35. Interest on underpaid estimated tax from Form 400-UT (so) 35,,	
I declare under the penalties of North Dakota Century Code §12.1-11-02, which provides for a Class A misdemeanor for making a false statement in accompanying schedules and statements, has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return	
Your signature Date Your daytime phone number OPR	Tax Department use only
Spouse's signature Date	
Signature of paid preparer EIN/SSN/PTIN Date	
➤ Attach a copy of your 2002 federal income tax return ➤ Mail to: Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck, ND 58505-0550	